

NEVADA CITY
STREET CLOSURE REQUEST FORM

DATE:

NAME OF EVENT:

SPONSORED BY: .

DATE OF EVENT:

TIMES OF CLOSURE: NO PARKING
 STREETS
 CLOSED

STREETS TO BE CLOSED:

ANTICIPATED SIZE OF CROWD, SPECTATORS, ETC:

PARTIES RESPONSIBLE FOR POSTING, CLOSING AND REOPENING STREETS:

PARTIES RESPONSIBLE FOR CLEAN-UP:

AMOUNT OF LIABILITY INSURANCE PROVIDED BY SPONSOR FOR EVENT:

SUBMITTED BY:

PHONE:

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POLICE DEPT. COMMENTS _

POLICE DEPT. RECOMMENDATIONS _

FIRE DEPT. COMMENTS _

FIRE DEPT. RECOMMENDATIONS _

PUBLIC WORKS DEPT. COMMENTS _

PUBLIC WORKS DEPT. RECOMMENDATIONS _

(This completed form must be submitted to the Police Department at least three weeks before the event)
Resolution 84-2